

<p style="text-align: center;">PATIENTS' TRUST FUND AUTHORIZATION FOR DEPOSIT OR WITHDRAWAL OF FUNDS AND VALUABLES</p> <p style="text-align: center; font-size: small;">For use of this form, see AR 40-400; the proponent agency is Office of The Surgeon General.</p>	<p style="text-align: center;">DATE</p>
<p>PATIENT IDENTIFICATION <i>(For mechanical imprint, typewriter or hand)</i></p> 	
<p>TO: CUSTODIAN PATIENT'S TRUST FUND</p>	
<p>FOR DEPOSIT OR WITHDRAWAL FROM MY ACCOUNT</p>	
<p>DEPOSIT <i>(Specify amount of money or type of valuable)</i></p> 	
<p>WITHDRAWAL <i>(Specify amount of money or type of valuable)</i></p> 	
<p>SIGNATURE OF PATIENT</p> 	
<p>SIGNATURE AND TITLE OF WITNESS</p> 	
<p>RECEIVED THE ABOVE <input type="checkbox"/> AMOUNT <input type="checkbox"/> VALUABLES</p> <p>FOR DELIVERY TO <input type="checkbox"/> PATIENT <input type="checkbox"/> CUSTODIAN PATIENT'S TRUST FUND</p>	
<p>SIGNATURE OF RESPONSIBLE INDIVIDUAL</p> 	
<p>RECEIVED THE ABOVE <input type="checkbox"/> AMOUNT <input type="checkbox"/> VALUABLES FROM RESPONSIBLE INDIVIDUAL.</p>	
<p>SIGNATURE OF PATIENT</p> 	

DA FORM 3983, DEC 72

REPLACES DA FORM 8-243, 1 FEB 59 WHICH WILL BE
USAPA V1.01